

Application for Mrs. Kate's Vocal Team "NanaTunes"

Mail to: Kate Carpenter, Folksinger
PO Box 1543
Callahan, FL 32011
Deadline: November 1, 2011

NAME: _____

AGE: _____ BIRTHDAY: _____ GRADE: _____ SEX: M F

SCHOOL: _____ FOR ADULTS: OCCUPATION & EMPLOYER _____

(FOR KIDS ONLY) NAMES OF PARENTS/GUARDIANS: _____

HOME ADDRESS: _____

CITY & ZIP _____

HOME PHONE NUMBER _____ CELL(S) _____

EMERGENCY PHONE NUMBER: _____ WHO? _____

E-MAIL ADDRESS _____ Adults check one: Soprano Alto Baritone Bass

Singing Experience (if any):

Why do you want to be on the team?

List any medical conditions you or your child has or any prescription drugs you or your child is taking:



Health Insurance Information: Company: _____ Policy # _____

I have reviewed the practice and recording dates and I hereby state that if I am chosen for the team, those dates will be top priorities in my schedule. Your Initials here: _____

PARENTAL CONSENT:

If my child is chosen to be on the team, I will take responsibility to be sure that he/she attends all practices. If, for some reason (illness, etc.) my child cannot attend, I will call Mrs. Kate and notify her. I understand that if my child consistently misses practices, he/she will lose his/her place on the team. I understand that if my child makes the team, this commitment supersedes parties, sports and other team activities. I am responsible provide transportation for my child to the practices at Mrs. Kate's church, and to recording sessions at the studio in St. Augustine (or take my child to Mrs. Kate's house to get a ride). I will encourage and help my child to listen and practice with the CD daily (in the car or home). I will not hold Kate Carpenter liable in case of accident or injury to my child during practice or studio sessions. In case of emergency, if I cannot be reached by phone, Mrs. Kate has my permission to seek medical attention for my child at the nearest hospital. I have read the lyrics to all the songs and have no problem with the content.

Parent's Signature & Date: _____ Adult Applicant Signature & Date _____

PLEASE SUBMIT ALONG WITH YOUR APPLICATION:

1. Photograph of applicant, wallet size is okay
2. Character Reference Form, filled out by non-family member
3. Check for \$20.00, which will be handed right back to you at audition
4. Recommended: additional letters of recommendation if you so choose
5. Optional: resume of your child's accomplishments